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GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH - HEALTH REgulation LICENSING ADMINISTRATION

NEW LICENSE APPLICATION Board of Dentistry

Please read instructions before completing this form. If you have any questions, call HPLA's toll-free Customer Service line at **1-877-672-2174** Monday through Friday, 8:30AM to 4:45PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

SE	CTION 1. REQUESTED LICENSE TYPE/FEES (i	includes non	ı-refu	undable application fee	- see instru	ctions)	
П	DEN - Dentist by Exam	\$430.0	00	Make check or money	order payab	le to D	C TRE	ASURER.
	DEN - Dentist by Endorsement	\$430.		MAIL TO: Department of Health Health Regulation Licensing Administrati				
	Duplicate Licenses (limit 5) X \$34.00 =	\$0	00	Board of Dentistry	3			
P.O. Box 37801 Washington, DC 20013 Total Enclosed \$.00					II V			
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				\$00				
SE	CTION 2. APPLICANT NAME/DEMOGRAPHIC IN	NFORMATIO	N				82	
com	er your name exactly as it should appear on the license. If your nar plete Section 4 on page 2. You must also provide a copy of a lega riduals are marriage certificates, divorce decrees, or court orders.							
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				MM [DD YYYY		, 31 ,1101	DDS , etc.)
	SOCIAL SECURITY NUMBER				TE OF BIRTH	Ш		
If ar	plicant does not provide a social security number, a sworn affidavit is requ	iired.	is is					
			Female	Э				
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	PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of	of birth.		Please c	GENDER heck the correct	box.		
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NEW LICENSE APPLICATION

Section 4. PREVIOUS NAMES
If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate
Image: light control of the properties of the proper
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate ("Jr", "Sr", not "DDS", etc.) FIRST NAME MI LAST NAME SUFFIX
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Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate ("Jr", "Sr", not "DDS", etc.) FIRST NAME MI LAST NAME SUFFIX ("Jr", "Sr", not "DDS", etc.)
Section 5A. HOME ADDRESS
Even if you have a PO Box, a street address should also be provided, if applicable.
APARTMENT SUITE FLOOR PO BOX NUMBER
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
STATE ZIP CODE + 4
HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS
Section 5B. BUSINESS ADDRESS
Please note: This information will be made available to the public.
COMPANY NAME APARTMENT SUITE FLOOR PO BOX NUMBER
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
STATE ZIP CODE + 4
BUSINESS PHONE NUMBER BUSINESS FAX NUMBER E-MAIL ADDRESS
Section 5C. PREFERRED MAILING ADDRESS
Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.
☐ HOME ☐ BUSINESS

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

NEW LICENSE APPLICATION

List at colleges and universities attended prior to and including dental/professional schools. List in reverse chronological order, beginning with the most recent at the top. School Name, City, State, Country. School Name, City, State, Country. Date of Completed Graduation Degree/Certificate	Section 6A. PROFESSIONAL SCHOOLS ATTE	NDED							
Section 6B. POSTGRADUATE EXPERIENCE List all experience since graduation from dental/professional school, in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below. Organization/Institution Organization/Institution * TyPE OF POSITION KEY A Employment B. Private Practice B. Private Practice C. Clinical Received B. Private Practice E. Internship/Residence F. Other (specify on separate sheet of paper) Received F. Other (specify on separate sheet of paper) Section 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS List all states and jurisdictions in which you have ever held a similar professional license. You must request and provide verification of licensure for all of these licenses, past and/or present. Date License Was	List all colleges and universities attended prior to and includin		schools. List in re	everse chro	nological order, be	ginning with			
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DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

NEW LICENSE APPLICATION

SECTION 7. QUESTIONS - Applicants MUST answer all of the following questions.						
	Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to questions B through J below, you must provide full information and complete details on a separate sheet of paper, including copies of relections and attach to this application.	evant	HPLA ONLY			
	Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.					
	Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).					
	IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.					
	As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following: Yes No					
A.	1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);		YES NO			
	2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);					
	3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);					
	4. Past due taxes;					
	5. Past due District of Columbia Water and Sewer Authority service fees; or					
	6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?					
	The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i> , effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).					
B.	Have you ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations)?	YES NO				
C.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete section 6C of this form.)	YES NO				
D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES NO				
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES NO				
F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES NO				
G.	Do you have a physical or mental condition that currently impairs your ability to practice your profession?	YES NO				
H.	Have you been diagnosed or treated for substance abuse or is your ability to practice your profession impaired by alcohol or drug use?	YES NO				
I.	Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	YES NO				
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES NO				
SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE						
I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.						
HPLA						
-	LICENSEE SIGNATURE NAME (Please Print) DATE					